Date December 1, 2008

| Under the Paper   | Effective on 12                  | is are required to i  | respond to a collection | espond to a collection of information unless it displays a valid OMB control number |          |                                 |           |                |
|---|----------------------------------|-----------------------|-------------------------|---|----------|---------------------------------|-----------|----------------|
| Fees pursuant to  | Complete if Known                |                       |                         |   |          |                                 |           |                |
| FEE   | Application Nu                   |                       | 10/608,8                |   |          |                                 |           |                |
| "   | Filing Date                      |                       | June 26, 2003           |   |          |                                 |           |                |
|   | First Named In                   |                       | Ewa HERBST et al.       |   |          |                                 |           |                |
| ✓ Applicant cl  | Examiner Nam                     | -                     | Jon Eric C. MORALES     |   |          |                                 |           |                |
| TOTAL AMOUN   | Art Unit                         |                       |                         |   | 2.70. 10 |                                 |           |                |
| TOTAL AMOUN   | Attomey Docket No. 0813825.12402 |                       |                         |   |          |                                 |           |                |
| METHOD OF PAYMENT (check all that apply)  |                                  |                       |                         |   |          |                                 |           |                |
| Check Credit Card Money Order None Other (please identify):   |                                  |                       |                         |   |          |                                 |           |                |
| Deposit Account Deposit Account Number: 080570 Deposit Account Name: K&L Gates LLP  |                                  |                       |                         |   |          |                                 |           |                |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |                                  |                       |                         |   |          |                                 |           |                |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  |                                  |                       |                         |   |          |                                 |           |                |
| Charge any additional fee(s) or underpayments of fee(s)  under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. |                                  |                       |                         |   |          |                                 |           |                |
| FEE CALCULATION   |                                  |                       |                         |   |          |                                 |           |                |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES   |                                  |                       |                         |   |          |                                 |           |                |
|   | FILI                             | NG FEES<br>Small Enti |                         | RCH FEES  | EXAM     | INATION                         |           |                |
| Application <sup>2</sup>  | Type Fee                         | \$) <u>Fee (\$)</u>   | Fee (S                  | Small Entity Fee (\$)   | Fee      | <u>Small</u><br>(\$) <u>Fee</u> |           | Fees Pald (\$) |
| Utility   | 330                              | 165                   | 540                     | 270   | 220      | 11                              | 0         |                |
| Design  | 220                              | 110                   | 100                     | 50  | 140      | 7                               | 0         |                |
| Plant   | 220                              | 110                   | 330                     | 165   | 170      | 8                               | 5         |                |
| Reissue   | 330                              | 165                   | 540                     | 270   | 650      | 32                              | 5         |                |
| Provisional   | 220                              | 110                   | 0                       | · 0   | 0        | )                               | 0         |                |
| 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims  Total Claims  Total Claims  - 20 or HP=  |                                  |                       |                         |   |          |                                 |           |                |
| SUBMITTED BY  |                                  |                       |                         |   |          |                                 |           |                |
| Signature   | //Gary A. Walpert/               | 1                     |                         | Registration No. (Attorney/Agent)   | 26,098   |                                 | Telephone | 212-536-3900   |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type) Gary A. Walpert